




# INFORMATION FOR SUPPLY APPROVAL

Please complete this form to the best of your ability for the specified product(s) listed above.

## Section I

<b>COMPANY</b>	Company Name:		Division:	
	Street Address:		City:	
	Region/State:	Postal Code:	Country:	
<b>PRODUCT</b>	Trade Name:			
	Infineum Designation:			
<b>MFG LOCATION</b>	Company Name:		Division:	
	Street Address:		City:	
	Region/State:	Postal Code:	Country:	
<b>CONTACTS</b>	Customer Service Rep.	Name: , Title	Phone:	Email:
	Emergency Hazard/Spills	Name: , Title	Phone:	Email:
	Supply - Off Hours	Name: , Title	Phone:	Email:
<b>ISO CERTIFICATION</b>	Certification Body:			Provide details of any other quality system approvals held:
	Scope of Registration:			
	Certification Number:			
<b>DOCUMENTS</b>	Provide Copies of the following:		<ul style="list-style-type: none"> <li>• ISO CERTIFICATION(S)</li> <li>• (M)SDS</li> <li>• OTHER:</li> </ul>	
<b>PREPARED BY</b>	Name: , Title		Date:	Email:
		<p>If your manufacturing location is ISO Certified, the form is complete.</p> <p>If your manufacturing location is <b>NOT</b> ISO Certified, complete Section II below ↓</p>		



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## Section II

If your manufacturing location is not ISO Certified please complete following section.

NOT REGISTERED TO ISO 9000 OR EQUIVALENT	Do you intend to seek ISO 9000? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, provide the following:			
			<ul style="list-style-type: none"> <li>Anticipated Registration Date:</li> <li>Current Status:</li> </ul>		<ul style="list-style-type: none"> <li>Scope Of Registration:</li> <li>Certification Body:</li> </ul>	
	QUALITY SYSTEM		Y/N	INSPECTION AND TEST		Y/N
	Does your company have a formal quality system?		Select	Are inspections procedures documented?		Select
	Is there a comprehensive Q.A. Manual?		Select	Do the inspection procedures define acceptance/rejection criteria?		Select
	Is your system periodically and systematically reviewed?		Select	Do the inspection procedures identify the equipment to be used?		Select
	Would you object to a representative of Infineum conducting a Quality Assessment at your premises?		Select	Are records of inspections retained? If yes, for how long?		Select
	ORGANIZATION			INSPECTION EQUIPMENT		
	Do you Have an appointed management representative responsible for quality matters?		Select	Are instruments and test equipment calibrated?		Select
	Do you have a Quality Control Department?		Select	Is there a calibration schedule?		Select
	PROCUREMENT			CORRECTIVE ACTION		
	Do you have a vendor assessment system?		Select	Is there a formal system of corrective action for:		Select
	Are vendors rated and periodically reassessed?		Select	a) Receipt of nonconforming materials?		Select
	Do procurement documents clearly define specific requirements?		Select	b) Intermediate production?		Select
	Are goods received inspected and the results recorded?		Select	c) Finished production?		Select
	Are inspected materials identified as such?		Select	Is there continuing analysis of the causes of nonconformity?		Select
	Are uninspected or rejected goods segregated?		Select	Are checks made to ensure corrective actions are implemented and effective?		Select
	Is there a documented system for rejects?		Select			Select
	FINAL INSPECTION			INSPECTION STATUS		
	Are all finished products tested against the agreed specification prior to dispatch?		Select	Is the inspection status apparent at all stages of manufacture?		Select
Are product specifications in agreement with Infineum for products supplied?		Select	Is batch identity maintained throughout all stages, and can you trace material from receipt to dispatch?		Select	
Can certificates of analysis be supplied when requested?		Select	Are concessions for deviations from specifications sought from the customer prior to dispatch, and are these concessions recorded?		Select	
HANDLING, STORAGE, AND DISPATCH			TRAINING			
Are there documented procedures for handling, storage and dispatch?		Select	Have your company personnel received adequate training to perform their assigned tasks?		Select	
Are these procedures adequate to prevent damage and deterioration of stock?		Select	Do you maintain training records?		Select	
CONTROL OF NONCONFORMANCE			SPC TECHNIQUES			
Are there procedures to identify, segregate, and dispose of nonconforming material?		Select	Do you utilize statistical techniques to monitor and maintain product quality?		Select	
Please attach any other information that will help us make a proper assessment of your Quality System.						
PREPARED BY: Name: _____, Title _____			Date: _____		Email: _____	